

The State of New Hampshire

COUNTY

PROBATE COURT

IN RE: Estate of

DOCKET NUMBER: _____

MOTION FOR COMMISSIONER OF INSOLVENCY

1. Fiduciary Name _____ Telephone _____
Mailing Address _____
Fiduciary Name _____ Telephone _____
Mailing Address _____
2. Attorney Name _____ Telephone _____
Mailing Address _____

3. Based on the following statement of debts and assets, the fiduciary believes it is in the best interest of all parties to administer the estate as insolvent.

STATEMENT OF DEBTS AND ASSETS

DEBTS

- A. Debts against the estate, per schedule attached \$ _____
- B. Funeral expenses \$ _____
- C. Allowance to widow \$ _____
- D. Estimated expenses of administration \$ _____

TOTAL ESTATE DEBTS	\$
---------------------------	-----------

ASSETS

- A. Real and personal property per inventory \$ _____
- B. Income earned from all sources \$ _____
- C. Personal property not appraised \$ _____

TOTAL ESTATE ASSETS	\$
----------------------------	-----------

TOTAL DEFICIT	\$
----------------------	-----------

I request that this estate be ordered to be administered as insolvent and that

_____ whose mailing address is _____

_____ be appointed commissioner of the estate.

Date: _____

Fiduciary Signature

Date: _____

Fiduciary Signature

In Re: _____

ORDER

☐ Motion is granted. Warrant to issue.

☐ Motion is denied.

Date: _____

Judge